

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4651AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2010
NAME OF PROVIDER OR SUPPLIER CANYON HILLS MANOR I		STREET ADDRESS, CITY, STATE, ZIP CODE 10125 CANYON HILLS AVE LAS VEGAS, NV 89148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/2/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 026 SS=F	449.190(3) Contents of License-Multiple Types NAC 449.190 3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services. This Regulation is not met as evidenced by: Based on observation, record review and	Y 026		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 026	Continued From page 1 interview on 3/2/10, the facility was caring for 4 of 6 persons with mental illnesses and Alzheimer's disease without an endorsement and failed to obtain the necessary training to care for such persons (Resident #1, #2, #3, and #6). During and interview, Employee #3 stated she was aware some of her residents were inappropriate and was looking for appropriate placement. Severity: 2 Scope: 3	Y 026			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 3/2/10, the facility failed to ensure 3 of 4 caregivers met background check requirements (Employee #1, #2 and #4). The file for Employee #1 failed to contain evidence of a signed criminal history statement and an FBI background check. The files for Employee #2 and #4 failed to contain evidence of an FBI background check. This was a repeat deficiency from the 1/5/10 and 12/10/08 State Licensure surveys. Severity: 2 Scope: 3	Y 105			

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Y 272	Continued From page 2	Y 272		
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation and interview on 3/2/10, the facility failed to ensure a planned, dated and posted menu was utilized. Menu posted to refrigerator was not legible or dated. Severity: 1 Scope: 3	Y 272		
Y 320 SS=F	449.220(1) Bedroom Doors - Locks NAC 449.220 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge. This Regulation is not met as evidenced by: Based on observation on 3/2/10, the facility failed to ensure that 4 of 4 bedroom doors equipped with a lock did not have double motion lock (Bedroom #1, #2, #3 and #4). Severity: 2 Scope: 3	Y 320		
Y 356 SS=F	449.222(6) Bathrooms and Toilet Facilities	Y 356		

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Y 356	Continued From page 3 NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. This Regulation is not met as evidenced by: Based on observation on 3/2/10, the facility did not ensure the locks on 4 of 4 bathroom doors could be opened with a single motion (Bathroom #1, #2, #3 and #4). Severity: 2 Scope: 3	Y 356		
Y 434 SS=E	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review on 3/2/10, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 6 of 12 months (February, March, May, June, August and September of 09). This was a repeat deficiency from the 1/5/10 State Licensure survey. Severity: 2 Scope: 2	Y 434		

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Y 445 SS=F	<p>449.229(10) Exit doors</p> <p>NAC 449.229 10. An exit door in a residential facility must not be equipped with a lock which requires a key to open it from the inside unless approved by the State Fire Marshall or his designee.</p> <p>This Regulation is not met as evidenced by: Based on observation on 3/2/10, the facility failed to ensure the front door was not equipped with a lock that required a key to open it from the inside.</p> <p>Severity: 2 Scope: 3</p>	Y 445			
Y 451 SS=D	<p>449.231(2)(a)-(f) First Aid Kit</p> <p>NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person.</p>	Y 451			

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Y 451	Continued From page 5	Y 451			
Y 530 SS=F	<p>This Regulation is not met as evidenced by: Based on observation on 3/2/10, the facility failed to have a first aid kit supplied with a thermometer.</p> <p>Severity: 2 Scope: 1</p> <p>449.260(1)(e) Activities for Residents</p> <p>NAC 449.260 (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 3/2/10, the facility failed to provide for the residents, at least 10 hours of weekly activities that were suited to their interest and capabilities.</p> <p>Resident #1 stated that there are no activities offered other than watching television.</p> <p>Severity: 2 Scope: 3</p> <p>This is a repeat deficiency from survey conducted on 1/5/10</p>	Y 530			
Y 621 SS=D	<p>449.2702(4)(b) Admission Policy</p> <p>NAC 449.2702 4. Except as otherwise provided in NAC 449.275</p>	Y 621			

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Y 920	<p>Continued From page 7</p> <p>caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Based on observation on 3/2/10, the facility failed to keep medications for 6 of 6 residents in a locked area (Resident #1, #2, #3, #4, #5 and #6).</p> <p>This was a repeat deficiency from the 6/25/09 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 920		
Y 930 SS=C	<p>449.2749(1)(a) Resident File-Storage, Res Information</p> <p>NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical</p>	Y 930		

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Y 930	Continued From page 8 information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Based on observation on 3/2/10 , the facility failed to ensure that 6 of 6 resident files were kept in a locked place. Files were observed in an unlocked filing cabinet in the kitchen (Resident #1, #2, #3, #4, #5 and #6). Severity: 1 Scope: 3	Y 930		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 3/2/10, the facility failed to ensure 3 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2, #3 and #4) which affected all	Y 936		

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Y 936	Continued From page 9 residents. The file of Resident #2 and #3 failed to contain evidence of a second step TB test. The file for Resident #4 failed to contain evidence of a two step TB test. This was a repeat deficiency from the 3/5/09 State Licensure survey. Severity: 2 Scope: 3	Y 936			
Y 944 SS=A	449.2749(2) Resident File - Discharge Documentation NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. This Regulation is not met as evidenced by: Based on record review and interview on 3/2/10, the facility did not provide proper documentation regarding a resident who had been discharged. Severity: 1 Scope: 1	Y 944			

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